

RECEIVED  
CENTRAL FAX CENTER

SEP 28 2004

## FAX COVER SHEET

TO

COMPANY

FAX NUMBER 17038729306

FROM Van Mahamedi

DATE 2004-09-28 21:53:37 GMT

RE IDS for 10/756,924

### COVER MESSAGE

Please find enclosed herein:

Information Disclosure Statement

Fee Transmittal in duplicate

PTO-1449 (5) sheets

Search Report for related application

16 Pages Total

Van Mahamedi

Partner

SHEMWELL GREGORY & COURTNEY LLP

(408) 551-6632 (Direct)

(408) 236-6641 (Fax)

4880 Stevens Creek Blvd.

Suite 201

San Jose, CA 95129

GET FREE ONLINE FAX DELIVERY FROM eFAX  
WWW.EFAX.COM

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEET TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

## Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/756,924       |
| Filing Date          | January 13, 2004 |
| First Named Inventor | FJELSTAD, et al. |
| Examiner Name        | Not Yet Assigned |
| Art Unit             | 2833             |
| Attorney Docket No.  | SIP1-P113        |

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account Number 50-1914

Deposit Account Name

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity      | Small Entity | Fee Code (\$) | Fee | Fee Code (\$) | Fee Description        | Fee Paid |
|-------------------|--------------|---------------|-----|---------------|------------------------|----------|
| 1001              | 770          | 2001          | 385 |               | Utility filing fee     |          |
| 1002              | 340          | 2002          | 170 |               | Design filing fee      |          |
| 1003              | 530          | 2003          | 265 |               | Plant filing fee       |          |
| 1004              | 770          | 2004          | 385 |               | Reissue filing fee     |          |
| 1005              | 160          | 2005          | 80  |               | Provisional filing fee |          |
| SUBTOTAL (1) (\$) |              |               |     |               |                        |          |

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Independent Claims | Multiple Dependent | Extra Claims | Fee from below | Fee Paid |
|--------------|--------------------|--------------------|--------------|----------------|----------|
|              |                    |                    | -20** =      | X =            |          |
|              |                    |                    | -3** =       | X =            |          |
|              |                    |                    |              |                |          |

| Large Entity      | Small Entity | Fee Code (\$) | Fee | Fee Description  | Fee Paid |
|-------------------|--------------|---------------|-----|--|----------|
| 1202              | 18           | 2202          | 9   | Claims in excess of 20                                     |          |
| 1201              | 86           | 2201          | 43  | Independent claims in excess of 3                          |          |
| 1203              | 290          | 2203          | 145 | Multiple dependent claim, if not paid                      |          |
| 1204              | 86           | 2204          | 43  | ** Reissue independent claims over original patent         |          |
| 1205              | 18           | 2205          | 9   | ** Reissue claims in excess of 20 and over original patent |          |
| SUBTOTAL (2) (\$) |              |               |     |  |          |

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

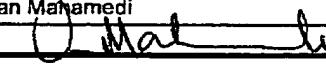
Large Entity Small Entity

| Fee Code (\$) | Fee (\$) | Fee Code (\$) | Fee (\$) | Fee Description  | Fee Paid |
|---------------|----------|---------------|----------|--|----------|
| 1051          | 130      | 2051          | 65       | Surcharge - late filing fee or oath  |          |
| 1052          | 50       | 2052          | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 1053          | 130      | 1053          | 130      | Non-English specification  |          |
| 1812          | 2,520    | 1812          | 2,520    | For filing a request for ex parte reexamination                            |          |
| 1804          | 920*     | 1804          | 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 1805          | 1,840*   | 1805          | 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 1251          | 110      | 2251          | 65       | Extension for reply within first month                                     |          |
| 1252          | 420      | 2252          | 210      | Extension for reply within second month                                    |          |
| 1253          | 950      | 2253          | 475      | Extension for reply within third month                                     |          |
| 1254          | 1,480    | 2254          | 740      | Extension for reply within fourth month                                    |          |
| 1255          | 2,010    | 2255          | 1,005    | Extension for reply within fifth month                                     |          |
| 1401          | 330      | 2401          | 165      | Notice of Appeal   |          |
| 1402          | 330      | 2402          | 165      | Filing a brief in support of an appeal                                     |          |
| 1403          | 290      | 2403          | 145      | Request for oral hearing   |          |
| 1451          | 1,510    | 1451          | 1,510    | Petition to institute a public use proceeding                              |          |
| 1452          | 110      | 2452          | 55       | Petition to revive - unavoidable   |          |
| 1453          | 1,330    | 2453          | 665      | Petition to revive - unintentional   |          |
| 1501          | 1,330    | 2501          | 665      | Utility issue fee (or reissue)   |          |
| 1502          | 480      | 2502          | 240      | Design issue fee   |          |
| 1503          | 640      | 2503          | 320      | Plant issue fee  |          |
| 1480          | 130      | 1460          | 130      | Petitions to the Commissioner  |          |
| 1807          | 50       | 1807          | 60       | Processing fee under 37 CFR 1.17(q)  |          |
| 1808          | 180      | 1808          | 180      | Submission of Information Disclosure Stmt                                  | 0.00     |
| 8021          | 40       | 8021          | 40       | Recording each patent assignment per property (times number of properties) |          |
| 1809          | 770      | 2809          | 385      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |
| 1810          | 770      | 2810          | 385      | For each additional invention to be examined (37 CFR 1.129(b))             |          |
| 1801          | 770      | 2801          | 385      | Request for Continued Examination (RCE)                                    |          |
| 1802          | 900      | 1802          | 900      | Request for expedited examination of a design application                  |          |

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

| (Complete if applicable) |   |                                   |               |           |              |
|--------------------------|---|-----------------------------------|---------------|-----------|--------------|
| Name (Print/Type)        | Van Mahamed   | Registration No. (Attorney/Agent) | 42,828        | Telephone | 408-551-6632 |
| Signature                |  | Date                              | Sept 28, 2004 |           |              |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-03)

Approved for use through 07/31/2008, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

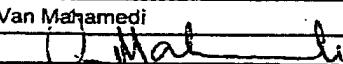
 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

## Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/756,924       |
| Filing Date          | January 13, 2004 |
| First Named Inventor | FJELSTAD, et al. |
| Examiner Name        | Not Yet Assigned |
| Art Unit             | 2833             |
| Attorney Docket No.  | SIP1-P113        |

| METHOD OF PAYMENT (check all that apply)  |                            |                        |              | FEE CALCULATION (continued)  |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
|---|----------------------------|------------------------|--------------|--|----------------------------|---------------------|--------------|----------------|----------|--------------------|--|----------|----------|-------------------|---|----------|----------|------------------|-------|----------|----------|--------------------|--|----------|---------|------------------------|--|--------------------------|--|--|--|-----------------|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number 50-1914<br>Deposit Account Name   |                            |                        |              | <b>3. ADDITIONAL FEES</b><br>Large Entity Small Entity             |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| The Director is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |                            |                        |              | Fee Description  |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| <b>1. BASIC FILING FEE</b> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001 770</td><td>2001 385</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002 340</td><td>2002 170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="2"><b>SUBTOTAL (1) (\$)</b></td> <td></td> <td></td> </tr> </tbody> </table> |                            |                        |              | Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description     | Fee Paid     | 1001 770       | 2001 385 | Utility filing fee |  | 1002 340 | 2002 170 | Design filing fee |   | 1003 530 | 2003 265 | Plant filing fee |       | 1004 770 | 2004 385 | Reissue filing fee |  | 1005 160 | 2005 80 | Provisional filing fee |  | <b>SUBTOTAL (1) (\$)</b> |  |  |  | Fee Description |  |  |  |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description        | Fee Paid     |  |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| 1001 770  | 2001 385                   | Utility filing fee     |              |  |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| 1002 340  | 2002 170                   | Design filing fee      |              |  |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| 1003 530  | 2003 265                   | Plant filing fee       |              |  |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| 1004 770  | 2004 385                   | Reissue filing fee     |              |  |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| 1005 160  | 2005 80                    | Provisional filing fee |              |  |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| <b>SUBTOTAL (1) (\$)</b>  |                            |                        |              |  |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Multiple Dependent</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td>-20**</td><td>=</td><td>X</td></tr> <tr><td></td><td></td><td></td><td>- 3**</td><td>=</td><td>X</td></tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>  |                            |                        |              | Total Claims   | Independent Claims         | Multiple Dependent  | Extra Claims | Fee from below | Fee Paid |                    |  |          | -20**    | =                 | X |          |          |                  | - 3** | =        | X        |                    |  |          |         |                        |  | Fee Description          |  |  |  |                 |  |  |  |
| Total Claims  | Independent Claims         | Multiple Dependent     | Extra Claims | Fee from below   | Fee Paid                   |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
|   |                            |                        | -20**        | =  | X                          |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
|   |                            |                        | - 3**        | =  | X                          |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
|   |                            |                        |              |  |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| Large Entity Fee Code (\$)  |                            |                        |              | Small Entity Fee Code (\$)   |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| Fee Description   |                            |                        |              | Fee Description  |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| 1202 18 2202 9 Claims in excess of 20   |                            |                        |              | 1201 66 2201 43 Independent claims in excess of 3                  |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| 1203 290 2203 145 Multiple dependent claim, if not paid   |                            |                        |              | 1204 86 2204 43 ** Reissue independent claims over original patent |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent   |                            |                        |              | SUBTOTAL (2) (\$)  |                            |                     |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| *or number previously paid, if greater. For Reissues, see above   |                            |                        |              |  |                            | Other fee (specify) |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |
| *Reduced by Basic Filing Fee Paid   |                            |                        |              |  |                            | SUBTOTAL (3) (\$)   |              |                |          |                    |  |          |          |                   |   |          |          |                  |       |          |          |                    |  |          |         |                        |  |                          |  |  |  |                 |  |  |  |

| SUBMITTED BY      |   |  |                                      |                |           | (Complete if applicable) |  |
|-------------------|---|--|--------------------------------------|----------------|-----------|--------------------------|--|
| Name (Print/Type) | Van Mahamedi  |  | Registration No.<br>(Attorney/Agent) | 42,828         | Telephone | 408-551-6632             |  |
| Signature         |  |  | Date                                 | Sept. 28, 2004 |           |                          |  |

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.